MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Freemont st. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels X
STREET ADDRESS (If rural give location) Freemont. st.

3. NAME OF DECEASED: (Type or Print) (First) Solomon (Middle) Hosea (Last) CHester

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar.
8. DATE OF BIRTH: 12-4-87
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sabaer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Chester
14. MOTHER'S MAIDEN NAME: Fannie Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-28-4207
17. INFORMANT & ADDRESS: Wm. A. Chester. St Michaels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

148X

Immediate cause (a) Cancer of throat
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Unknown
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unknown

19a. DATE OF OPERATION: Not known
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1953 to 8/24, 1953 that I last saw the deceased alive on 8/24, 1953 and that death occurred at 2:20 PM from the causes and on the date stated above.
SIGNATURE Philip L. Lewis (Degree or Title) MD ADDRESS St. Michaels, Md DATE SIGNED 8/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-27-53
NAME OF CEMETERY OR CREMATORY St. Michaels Cem
LOCATION (City, town, or county) St. Michaels (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug 27, 53
REGISTRAR'S SIGNATURE Mrs Roxy R. Seth
24. FUNERAL DIRECTOR James B. Dodwell, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08331

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) 13da -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill 17X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Coppage

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1953 12:25 am

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 24-1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BENJAMIN S. COPPAGE
14. MOTHER'S MAIDEN NAME: MARY BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: UNKNOWN
17. INFORMANT & ADDRESS: Mrs Anna Mae Coppage

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 8/16/53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16/, 1953, to 8/29/, 1953, that I last saw the deceased alive on 8/28/, 1953 and that death occurred at 12:25 a.m., from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF AUG. 31 '53 NAME OF CEMETERY OR CREMATORY SUDLERSVILLE MD. LOCATION (City, town, or county) SUDLERSVILLE, MD. (State)

DATE REC'D BY LOCAL REGISTRAR 8/29/53 REGISTRAR'S SIGNATURE N. H. Neerus 24. FUNERAL DIRECTOR Edgar L. Lamer ADDRESS CHURCH HILL MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X
STREET ADDRESS (If rural, give location) 106 Marengo Street

3. NAME OF DECEASED: (Type or Print) (First) Riley (Middle) T. (Last) Creighton

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept 25 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Commercial Fisherman

11. BIRTHPLACE (State or foreign country): Hoopers Island, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Creighton

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 216-12-1627A

17. INFORMANT & ADDRESS: Mrs Charles Travers Jr. Fishing Creek, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 155X

Immediate cause (a) Hepatoma-primary — Interval Between Onset and Death: 6 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) cachexia — 6 mos.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —0

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11-25-1952 to 8-24, 1953, that I last saw the deceased alive on 8-24, 1953, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS St Michaels Md DATE SIGNED 8-24-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug. 26, 1953

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park

LOCATION (City, town, or county) Cambridge (State) Md

DATE REC'D BY LOCAL REG. Aug 25, 1953

REGISTRAR'S SIGNATURE Mrs Robt. L. Seth

24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 33
LENGTH OF STAY (in this place) 35 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) T. (Last) Everngam
4. DATE OF DEATH: (Month) 8-18-53 (Day) (Year) 19

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-2-95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr William J. Everngam
14. MOTHER'S MAIDEN NAME: Mary J. Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs Grace B. Everngam

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 2 hrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Aug, 1953, to 18 Aug, 1953, that I last saw the deceased alive on 18 Aug, 1953, and that death occurred at 6:20 P.M., from the causes and on the date stated above.
SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 19 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/21/53
NAME OF CEMETERY OR CREMATORY Hillcrest
LOCATION (City, town, or county) Federalsburg (State) Md
DATE REC'D BY LOCAL REGISTRAR 8/19/53
REGISTRAR'S SIGNATURE N. A. Neerus
24. FUNERAL DIRECTOR Harvey Williams ADDRESS Federalsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR nnd give nearest town) TOWN Wittman
LENGTH OF STAY (in this place) 29 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Susann (Middle) — (Last) Fairbank

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: July 8, 1953

9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days 29 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wittman Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Avery Fairbank

14. MOTHER'S MAIDEN NAME: Edna Lomax

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Avery Fairbank, Wittman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

776X

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1953 to 8-6, 1953 that I last saw the deceased alive on 8-6, 1953, and that death occurred at 10:24 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Eugene Keech MD ADDRESS St Michaels Md DATE SIGNED 8-7-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug 7, 1953

NAME OF CEMETERY OR CREMATORY Wesley Cemetery

LOCATION (City, town, or county) (State) St Michaels Md

DATE REC'D BY LOCAL REG. Aug 7-53

REGISTRAR'S SIGNATURE Mrs Robt F. Selk

24. FUNERAL DIRECTOR J. Hambleton Harrison ADDRESS St Michaels Md

10733259 W

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 1 wk + da
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queenstown.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) N (Last) Faulkner
4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1953

5. SEX: X.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 5, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr James E. Comegys
14. MOTHER'S MAIDEN NAME: Susan Hassett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mr Thomas M. Faulkner (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 18 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Aug, 1953, to 22 Aug, 1953, that I last saw the deceased alive on 21 Aug, 1953, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Harrison M.D. Easton Maryland 24 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/24/53
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Md
DATE REC'D BY LOCAL REGISTRAR 8/23/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Oxford
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Seth (Last) Gallup
4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: March 8, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOusewife
10b. KIND OF BUSINESS OR INDUSTRY: Home Housekeeper
11. BIRTHPLACE (State or foreign country): Talbot County Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Seth
14. MOTHER'S MAIDEN NAME: Sarah Eleanor Hopkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Mrs Virginia Darrow Oxford Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

191X

Immediate cause (a) Carcinoma of face metastatic to neck — Interval Between Onset And Death: 6 mo.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Aug 28, 1953, that I last saw the deceased alive on Aug 26 1953, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE Alton B. Cail (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 8-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 31 1953
NAME OF CEMETERY OR CREMATORY Spring Hay
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/29/53
REGISTRAR'S SIGNATURE N. H. Nerris
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 12 days 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg — C X R
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leo (Middle) (Last) Greider

4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married — 8. DATE OF BIRTH: June 21, 1909 — 9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): New Jersey — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Jacob Greider — 14. MOTHER'S MAIDEN NAME: Mrs Mary Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: Unknown — 17. INFORMANT & ADDRESS: Mrs Mary Greider

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Ruptured aortic aneurism

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) hypertensive cardiovascular disease — 12 days

DUE TO

(c) arteriosclerotic coronary thrombosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 July, 1953, to 11 Aug, 1953, that I last saw the deceased alive on 1 Aug, 1953, and that death occurred at 9:55 pm from the causes and on the date stated above.

SIGNATURE Thomas Harrison (Degree or title) M.D. — ADDRESS Easton, Maryland — DATE SIGNED Aug 13

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/13/53 — NAME OF CEMETERY OR CREMATORY Patterson Park — LOCATION (City, town, or county) Patterson (State) NJ

DATE REC'D BY LOCAL REGISTRAR 8/12/53 — REGISTRAR'S SIGNATURE N. H. Meeres — 24. FUNERAL DIRECTOR — ADDRESS Easton Md

VS. A1M

RECEIVED
AUG 18 1953
BUREAU V. S.

Items 8,9: film G158 9-18-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 50 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) T. (Last) Hensley

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1953

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 3, 1891 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana 12
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. William Hensley
14. MOTHER'S MAIDEN NAME: Amanda Fullhurt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~unknown~~ (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 369-09-9087 ~~unknown~~
17. INFORMANT & ADDRESS: Mrs. Eileen Hensley - wife - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 2 mo.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1953, to 8/22, 1953, that I last saw the deceased alive on 22 Aug, 1953, and that death occurred at 11 30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] [signature] M.D. Easton Maryland 25 Aug 53

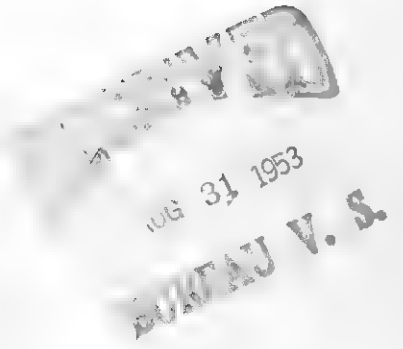
23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/25/53
NAME OF CEMETERY OR CREMATORY Parsons
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/23/53
REGISTRAR'S SIGNATURE N.H. Neeru
24. FUNERAL DIRECTOR Walter Holloway
ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 270

1. PLACE OF DEATH — COUNTY: Talbot — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near EASTON — MARYLAND — LENGTH OF STAY (In this place): 1 day — HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marriottsville — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) COLEMAN (Middle) (Last) JACKSON

4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 6-2-1901

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jackson

14. MOTHER'S MAIDEN NAME: Lottie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: 216-09-7868

17. INFORMANT AND ADDRESS: Ethel Jackson Marriottsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Antemortem submersion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River — (CITY OR TOWN): near EASTON — (COUNTY): TALBOT — (STATE): MD

TIME OF INJURY (Month) (Day) (Year) (Hour): 8 1 53 CIN — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? fell into WATER FROM DOCK

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Louis Whitty MD DME — Easton Md — 8-1-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-4-1953 — NAME OF CEMETERY OR CREMATORY: West Liberty — LOCATION (City, town, or county): Alpha — (State): Md

DATE REC'D BY LOCAL REG.: 8/3/53 — REGISTRAR'S SIGNATURE: [illegible] R.A. Tennis

24. FUNERAL DIRECTOR: E. C. Ingalbodson & Sons — ADDRESS: Elkridge

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

The correct ap

VS. A154

RECEIVED
AUG 7 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Newcomb, Md.
LENGTH OF STAY (in this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Newcomb, Md.
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Broessels (Last) Koch

4. DATE OF DEATH: (Month) Aug. (Day) 2 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 12 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days / Hours / Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Justus Broessels

14. MOTHER'S MAIDEN NAME: Louise List

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. E. C. H. Schmidt, Newcomb, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

421.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Aug. ,19 53 , to 2 Aug. ,19 53 , that I last saw the deceased alive on 2 Aug , 19 53 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.

SIGNATURE: Louis M. Hamilton (Degree or title) M. D. ADDRESS: Easton, Maryland DATE SIGNED: 5 Aug 53

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Aug. 5, 1953 | NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery | LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 8/3/53 | REGISTRAR'S SIGNATURE: M. A. Meeres

24. FUNERAL DIRECTOR ADDRESS: Maurice F. Newnam Son. Easton, Md.

VS A15

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AUG 11 1953
BUREAU V. S.

Item 21&22 Film G157 8-21-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 23 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) (Last) Lake
4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1953
5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3/13 27
9. AGE last birthday: [illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Daniel J. Lake
14. MOTHER'S MAIDEN NAME: Audrey Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Rosalie Lake (wife) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock [illegible]

936.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) [illegible] Abdomen

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: [illegible]
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Ridgely (COUNTY) Caroline (STATE) Md
TIME OF INJURY (Month) 8 (Day) 10 (Year) 53 (Hour) 6 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Ran into knife in wife's hand.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural cause ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] George Pepty (Degree or title) Medical Examiner — ADDRESS: Denton Md — DATE SIGNED: 8/11/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 11-53 — NAME OF CEMETERY OR CREMATORY: [illegible] Chapel — LOCATION (City, town, or county): Rural Denton (State) Md

DATE REC'D BY LOCAL REG.: 8/11/53 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: J. V. Moore & Son — ADDRESS: Denton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

Item 21 Film G158 9-11-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 10 Brookette Ave.

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) (Last) Mullikin

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3-25-1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H. W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. James R. Mullikin

14. MOTHER'S MAIDEN NAME: Mary Higgins

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Mrs. Mary Roe - daughter - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 902.0 (a) Arteriosclerosis, Generalized — Interval Between Onset And Death ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Fractured Hip — 8/2/53

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) In Home — (CITY OR TOWN) Easton — (COUNTY) Talbot — (STATE) Md

TIME OF INJURY (Month) 8 (Day) 2 (Year) 53 (Hour) 8pm. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? reached across a table to Fell off bed - pick up an object & fell

22. I hereby certify that I attended the deceased from ..., 19 46 to 8/30, 19 53, that I last saw the deceased alive on 8/30, 19 53 and that death occurred at 12:20 pm., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Sept 1 53 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/31/53 — REGISTRAR'S SIGNATURE [signature] — **24. FUNERAL DIRECTOR** [signature] — ADDRESS Easton

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SEP 2 1 '3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 South st. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 312 South st.

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Jean (Last) Parker
4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-29-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Parker
14. MOTHER'S MAIDEN NAME: Viola ~~Dickens~~ DIXON
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Viola D. Parker, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
752X
Immediate cause (a) Congenital hydrocephalus
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 ...., to ....., 19 ...., that I last saw the deceased alive on ....., 19 ...., and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE Louis Meaty (Degree or title) MD. DME
ADDRESS Easton Md
DATE SIGNED 8-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-3-53
NAME OF CEMETERY OR CREMATORY Richardson Cem.
LOCATION (City, town, or county) Easton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 8/2/53
REGISTRAR'S SIGNATURE N. H. Neery
24. FUNERAL DIRECTOR James R. Dashiell
ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY Talbot MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 33

LENGTH OF STAY (in this place) 2 1/2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Queen Anne

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne 17 x 2

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Price

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Cl

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-25-53

9. AGE last birthday: 2 1/2 da yrs. IF UNDER 1 YEAR Months Days 2 1/2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country). Easton Hosp Easton Md

12. CITIZEN OF WHAT COUNTRY? USN

13. FATHER'S NAME: Walter Price

14. MOTHER'S MAIDEN NAME: Helen Penkney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Helen Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diffuse Cerebral Hemorrhage — Interval Between Onset And Death: Since birth

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1953, to 8/27, 1953, that I last saw the deceased alive on 8-27, 1953, and that death occurred at 7 10 pm, from the causes and on the date stated above.

SIGNATURE John E Baylatt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 9-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/28/53

NAME OF CEMETERY OR CREMATORY Sandtown Queen Anne RD

LOCATION (City, town, or county) (State) Queen Anne Md

DATE REC'D BY LOCAL REGISTRAR 8/27/53

REGISTRAR'S SIGNATURE N. H. Neerus

24. FUNERAL DIRECTOR Walter Price ADDRESS

Father - Queen Anne, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Jane (Last) Roe

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 1, 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Marshall

14. MOTHER'S MAIDEN NAME: Eliza Kilmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William Roe - St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

DUE TO (b)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive arteriosclerotic C.V.D.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1953 to Aug. 3, 1953, that I last saw the deceased alive on Aug. 3, 1953 and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) MD ADDRESS St. Michaels Md. DATE SIGNED Aug. 5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 6-1953 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county) (State): Easton - Md

DATE REC'D BY LOCAL REG. Aug 6, 53 — REGISTRAR'S SIGNATURE Mrs Robt L. Seth

24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS: St. Michaels - Md.

RECEIVED
AUG 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) nr. Wye Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Michaels
STREET ADDRESS (If rural, give location) talbot St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Franklin (Last) THOMAS
4. DATE OF DEATH (Month) 8 (Day) 17 (Year) 1953
5. SEX MALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 5-14-10
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching
10b. KIND OF BUSINESS OR INDUSTRY Teacher
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Henry Thomas
14. MOTHER'S MAIDEN NAME Frances Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 161-16-5238
17. INFORMANT AND ADDRESS Mrs. Elizabeth Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

X/ Immediate cause (a) Multiple injuries
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Automobile accident
(c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt 50 (CITY OR TOWN) nr. Wye Mills (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 8 (Day) 17 (Year) 53 (Hour) 02 3d
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? struck by car-standing on road

22. *I certify that I took charge of the remains described above, held an Autapsy ☐, Inspection ☐, Inquiry ☐ therean and from the evidence obtained by said Autapsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Mertz (Degree or title) MD. DME ADDRESS Easton Md DATE SIGNED 8-18-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-20-53
NAME OF CEMETERY OR CREMATORY Chestertown Cem
LOCATION (City, town, or county) Chestertown, Md (State)
DATE REC'D BY LOCAL REG. 8/18/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Fashiell, Easton, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15A

RECEIVED
AUG 26 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Easton; MARYLAND; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDR. Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethlehem; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Jim (Middle) — (Last) Williams (Type or Print)

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 8-4-90

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Canning house

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: W. L. Jesse (friend) Bethlehem Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Right Cerebral Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio Vascular Disease — DUE TO

(c)

Interval Between Onset And Death: (a) 3 days; (b) ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1953, to 8/8, 1953, that I last saw the deceased alive on 8/8, 1953, and that death occurred at 4:25 PM, from the causes and on the date stated above.

SIGNATURE Lund B Clemmons (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 8/9/53 — NAME OF CEMETERY OR CREMATORY City Morgue — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/9/53 — REGISTRAR'S SIGNATURE N. H. Nevins — 24. FUNERAL DIRECTOR Norman D Mauchase — ADDRESS St. Michaels

VS. 15-1

RECEIVED
AUG 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08515

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Caroline
STATE Maryland COUNTY Due
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) (Last) WALLS

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1953 2 40 am

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-16-04
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: House painting
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr William Walls
14. MOTHER'S MAIDEN NAME: Laura Tribbett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 195-03-9561
17. INFORMANT & ADDRESS: Mrs Minnie Walls

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
456X
Immediate cause (a) Uremia
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute disseminated lupus erythematosus
DUE TO
(c)

Interval Between Onset And Death: 5 days ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1953, to 8/29, 1953, that I last saw the deceased alive on 29 Aug, 1953, and that death occurred at 2 40 am, from the causes and on the date stated above.
SIGNATURE [illegible] (Degree or title) M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF AUG. 31 53
NAME OF CEMETERY OR CREMATORY Ridgely
LOCATION (City, town, or county) Ridgely (State) Md
DATE REC'D BY LOCAL REGISTRAR 8/30/53
REGISTRAR'S SIGNATURE N. H. Neeree
24. FUNERAL DIRECTOR Edgar L. Lane
ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

[redacted]

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 17da ~~[illegible]~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton RFD #3 X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Charles W. Wise
4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1953 1:30 am.

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH January 20, 1874
9. AGE last birthday 79 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. Charles W. Wise
14. MOTHER'S MAIDEN NAME Mary Frances Wooters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs. Eva W. Slaughter - daughter - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure

421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary congestion

(c) Calcific aortic stenosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Memorial Hospital Easton DATE SIGNED 28 Aug 53

23. BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF Aug 25 1953
NAME OF CEMETERY OR CREMATORY Springhill
LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REG. 8/23/53
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN St. Michaels
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location) Chestnut

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) K. (Last) Wright.

4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 15. 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Preston Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Wright

14. MOTHER'S MAIDEN NAME: Ann. E. Williams.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. George K. Wright St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Infarction — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) arteriosclerotic cardiovascular. — yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23 1952 to 8-18, 1953, that I last saw the deceased alive on 8-18 1953, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
[signature] MD St Michaels Md 8-19-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Aug 20, 1953 — NAME OF CEMETERY OR CREMATORY Methodist Cemetery — LOCATION (City, town, or county) (State) Preston, Md

DATE REC'D BY LOCAL REG. Aug 19, 53 — REGISTRAR'S SIGNATURE Mrs Robt L. Seth

24. FUNERAL DIRECTOR — ADDRESS
J. Hampton Harrison St Michaels Md

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33 | LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Convalescent Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg 05X-2
STREET ADDRESS (If rural give location) Academy Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Virginia (Last) Wright
4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	Oct. 9, 1874	78 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME: Henry Wright
14. MOTHER'S MAIDEN NAME: Laura L. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mrs. William I. Norris, Denton, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.0 Immediate cause	(a) Paralysis agitans	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arteriosclerosis, generalized	several years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19/1953, to 8/25/1953, that I last saw the deceased alive on 8/25/1953, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS Easton Md DATE SIGNED 8/27/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 28, 1953	Bethel Cemetery	Near Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/26/53 | REGISTRAR'S SIGNATURE M.A. Reeves | 24. FUNERAL DIRECTOR ADDRESS J.J. Frampton and Son, Federalsburg, Md.

VS. A15

RECEIVED
SEP 8 1953
BUREAU V. S.